

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							<small>SERIAL NO.</small> 10/58 122	<small>FILING DATE</small>					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				61						
2			/				62						
3				/			63						
4				/			64						
5				/			65						
6				/			66						
7				/			67						
8				/			68						
9				/			69						
10				/			70						
11				/			71						
12				/			72						
13				/			73						
14				/			74						
15				/			75						
16				/			76						
17				/			77						
18				/			78						
19				/			79						
20				/			80						
21				/			81						
22				/			82						
23				/			83						
24				/			84						
25				/			85						
26				/			86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.			2				TOTAL IND.			2			
TOTAL DEP.			24				TOTAL DEP.			24			
TOTAL CLAIMS			26				TOTAL CLAIMS			26			